

PSC-CUNY Welfare Fund
Adjunct Basic Health Insurance Program



EPO Benefits

Primarily for non-New Jersey / Non-New York City Residents

Benefit	In-Network¹
Lifetime Maximum	Unlimited
Dependent Children	To age 19 ; full-time students to age 23
Home/Office/Outpatient Care	Member Pays
Home/ Office Visits	\$30 copay
Annual Physical Exam	\$30 copay
Well-Child Care (≤ 19; including covered immunizations)	\$0
Well-Woman Care	\$30 co-pay
Emergency Room/Facility (initial visit per occurrence)	\$75 co-pay (Waived if admitted within 24 hours)
Surgery², Pre-surgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Maternity Care	\$0
Mammograms	\$0
Cervical Cancer Screenings	\$0
Laboratory Tests, X-rays	\$0
MRI⁴/MRA⁴, CAT Scan⁴, PET⁴ & Nuclear Cardiology⁴	\$0
Allergy Testing & Treatment	\$30 co-pay (Waived for treatment)
Chiropractic Care⁵	\$30 co-pay
Home Healthcare (Up to 200 visits per calendar year)	\$0
Home Infusion Therapy	\$0
Hospice Care (Up to 210 days per lifetime)	\$0
Physical Therapy⁴ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$30 co-pay
Short-Term Rehabilitative Therapies for Speech / Language⁴ , (Up to 30visits per calendar year as per above)	\$30 co-pay
Cardiac Rehabilitation	\$30 co-pay
Second Surgical Opinion⁶	\$30 co-pay
Kidney Dialysis	\$0
Inpatient Care²	
Inpatient Hospital (As medically necessary; semiprivate room and board)	\$500/\$1250 per admission/maximum per calendar year per contract
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 30 inpatient days per calendar year)	\$500/\$1250 per admission/maximum per calendar year per contract
Skilled Nursing Facility (Up to 60 npatient days per calendar year)	\$0
Mental Health³	
Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	\$25 copay per visit
Inpatient Care (Up to 30 inpatient days per calendar year)	\$500 per admission / \$1,250 maximum per calendar year per contract
Alcohol/Substance Abuse³	

Outpatient Visits (Up to 60 outpatient visits, which include 20 family counseling visits per year)	\$0
Inpatient Detoxification (Up to 7 days detox per calendar year)	\$500/\$1250 per admission/maximum per calendar year per contract
Other	
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor
Durable Medical Equipment⁴	\$0
Prosthetics & Orthotics⁴	\$0
Ambulance (air ambulance)	\$0
Prescription Drugs⁷ Retail Program – One copay required for up to a 30-day supply	\$10 copay for generic \$25 copay for brand \$50 copay for non-formulary Includes Contraceptives (Retail & Mail-Order)
Mail-Order Program ⁸ – 2 copays required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program

- (1) A network provider must deliver all care. There is no out-of-network option for this product, except for emergency care.
- (2) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (3) Precertification is required by Empire's Behavioral Healthcare Management Program.
- (4) For services received from an Empire network provider, the provider must precertify in-network services; Empire's network providers cannot bill members for covered services. Outside Empire's network area, you must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers (with the exception of MRI, MRA, PET, CAT and Nuclear Cardiology services, which do not require precertification for services rendered from in-network BlueCard® PPO providers outside of Empire's network area). The BlueCard® PPO provider may call for you for services that do require precertification, but you will be responsible for penalties applied if precertification is not obtained.
- (5) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services; Empire network providers cannot bill members beyond the in-network copayment for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.
- (6) Office visit copay applies to Second Surgical Opinion visit unless waived by Medical Management.
- (7) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (8) To receive a 90-day supply of prescription drugs through Empire's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

Note: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.